

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

DRAFT

UST Payment Waiver

Date Form Completed	/ /		
1. UST Facility Information			
Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
2. Applicant Information			
Applicant Name			
Applicant Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Applicant Contact Information	Phone: () -	Email:	
Legally Authorized Representative / Agent	Phone: () -	Email:	
3. Contractor <i>(person with whom the Declarant is under contract with)</i>			
Eligible Company or Partnership	AI Number <i>(company or partnership)</i> :		
4. Declarant <i>(vendor or subcontractor)</i>			
Declarant Name			
Declarant Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Declarant Contact Information	Phone: () -	Email:	
Legally Authorized Representative / Agent	Phone: () -	Email:	
5. Waiver Affidavit			
This Waiver of right to payment <i>(the "Waiver")</i> is made effective ____ / ____ / ____ <i>(MM/DD/YY)</i> by the Declarant referenced above <i>(the "Declarant")</i> . Declarant, being first duly sworn, state, under penalty of law, as follows:			
1. Declarant is a vendor or subcontractor who has performed work or supplied materials related to corrective action at the facility referenced above.			
2. Declarant has submitted to the Contractor referenced above <i>(person with whom the Declarant is under contract with; the "Contractor")</i> invoices for work performed, or materials supplied, for or the Contractor, related to corrective action at the Facility. All, or any one or more, of the invoices listed below or on additional sheets attached here to are hereinafter referred to as "the Invoices". The Invoice numbers and amounts are as follows:			
Number of Invoices	Invoice Number	Invoice Amount	
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	

AI _____

Waiver Affidavit (continued from Section 5)

3. Notwithstanding any legal rights or remedies that Declarant may otherwise have, Declarant hereby waives, for itself and for its heirs, successors; and assigns its right to full payment of the Invoices before a person files a claim for reimbursement with the cabinet, where the Invoices form a basis for at least part of that claim for reimbursement.
4. Notwithstanding any legal rights or remedies that Declarant may otherwise have, Declarant hereby declares, for itself and for its heirs, successors; and assigns its sole legal recourse for non-payment of the Invoices shall be to proceed against the Contractor. Declarant hereby waives forever any rights it may have to take legal action of any kind against the cabinet, or against any person other than the Contractor, for non-payment of the Invoices.
5. Declarant hereby releases and discharges any and all liens it has filed, or will file, under KRS Chapter 376 for work performed or materials provided that are the subject of the Invoices. In the event any further documents are necessary to effectuate the complete release and discharge of such liens, or to clear the title of the real property upon which such liens have been filed, Declarant agrees to execute and return all such further documents within thirty (30) days after written request made to the Declarant by the cabinet to do so.

6. Certification☐ Check here if the person completing the form is the same as the declarant named below.**Name of Person Completing Form****Email****Phone Number**

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In witness whereof, Declarant has made and executed this waiver as of the date first written above.

Declarant, Legally Authorized Representative, or Agent*Printed***Title***Signature***Date**

/ /

7. Notary Information

Subscribe and sworn to before me by (Declarant): _____

This the _____ day of _____, _____

Notary Public _____

Commission State at Large _____

OR County _____

My Commission expires _____

SEAL OPTIONAL

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email DEP.KORA@ky.gov.